

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10-803992 FILING DATE _____
APPLICANT(S)

11-17-05

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			/			
2			/			
3			/			
4		3	/	3		
5			/			
6			/			
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TOTAL IND.	2		2	9		
TOTAL DEP.						
TOTAL CLAIMS			11			

	IND	DEP	IND	DEP	IND	DEP
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